The upper extremities are wasted, the extensor of the right forefinger and the radial extensor of the wrist, as well as the thumb muscles of the right hand, are all atrophied. There is also atrophy of the left thenar eminence, but here the index finger can be extended, while the other fingers are incapable of extension. Flexion is, however, possible. The electrical reaction is markedly diminished in some muscles. Sensibility is but slightly disturbed. The pupils are unequal, the right larger than the left. They do not react to light. There are no other ocular paralyses.

Jolly concluded, from the results of autopsies in similar cases, that the muscular atrophy in this case was due to a peripheral neuritis. The various features of the case taken together, indicate, in his opinion, that tabes is not a systemic disease, but an affection of the whole nervous system.

J. W. B.

THE VISUAL APPARATUS IN THOMPSEN'S DISEASE.

At a recent meeting of the Hospital Medical Society of Paris, Raymond described ("Union Medicale," June 11th) two cases of Thomsen's disease, in which the ocular muscles were involved in the general process. One of the patients was shown to the society. Raymond claimed to have already proved that the phenomena of Thomsen's disease are due to a parenchymatous myositis with increase of the nuclei of the myolemma.

In the first of the two patients in question the right eye was entirely normal. The left eye showed astigmatism with a certain degree of myopia. The pupillary reaction was normal in both eyes, the visual field was not contracted, there was no dyschromatopsia. There was no lesion of the fundus. But when the head and neck were turned suddenly, there was a spasm of the lids which made the eyes prominent, the gaze fixed, and at the same time caused an amblyopia or even a transitory blindness. The internal recti muscles were considerably increased in volume; the hypertrophy was gradually affecting the other ocular muscles also.

In the second patient the spasm was especially marked in the superior recti muscles and was increased by the application of the faradic current. There was no contraction of the muscle of accommodation, nor any asthenopia. The pupils reacted normally, but their reaction to light was of only short duration, as they dilated again almost at once in spite of the continuance of the stimulus. There was intermittent diplopia. The visual field was normal. There was no dyschromatopsia nor lesion of the fundus. There were, however, amblyopia and transitory amaurosis. These last phenomena were probably dependent on circulatory disturbances, due to compression of the globe of the eye by the contraction of the motor muscles.

This explanation is confirmed by an experiment of Donders, who, after having caused amblyopia in a healthy subject by compression of the eyeball, found, on ophthalmoscopic examination, that the retina was exsanguinated.

That the reaction of accommodation is not disturbed is to be explained by the fact that it is dependent on a smooth muscle—the ciliary muscle—and that the striated muscles only are affected in this disease. J. W. B.

HYSTERICAL PARAPLEGIA IN A BOY OF THIRTEEN YEARS CURED BY SUGGESTION.

Dr. Eugène Revilliod reports the following interesting case in the "Journal de Médecine de Paris," of May 24th, The patient was a boy, thirteen years of age, the son of a workman at Geneva. There was no neuropathic tendency. either hereditary or acquired. In November, 1888, while at his studies, seated before a table, he felt a shock in his legs and found himself suddenly paraplegic, unable to rise from his chair. He was carried to his bed, where he remained six months. After this first attack he gradually recovered and finally was able to walk as well as ever.

In December, 1889, he had another shock while at school. He was taken home and kept his bed for three months. This time the recovery was less complete than before. He walked with difficulty, was easily tired and suffered from pain in the spine and joints.

In November, 1890, there was a third attack, as sudden as the others, during the night. He was not awakened by it, but in the morning discovered that he was unable to get out of bed. As he did not improve, his parents decided to send him to the hospital where he came under Dr. Revilliod's observation. The boy was strongly built, robust, with well-developed muscles and every appearance of health. His face was intelligent and he gave all the details of his case clearly and without hesitation. On examination, the patellar reflex seemed somewhat exaggerated. The patient was then lifted from bed and supported on both sides and encouraged to walk. He moved with the great-